

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045424

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 548

Registrar's No. 3382

FILED DEC 7 1962

## 1. PLACE OF DEATH

a. COUNTY ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP, only) OR TOWN WEBSTER GROVES, 19, Mo. Length of stay in lb 2 yrs days

c. FULL NAME OF (If outside corporate limits, give TOWNSHIP, only) HOSPITAL OR INSTITUTION Greenwood Home & Hospital

Inside Limits Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri. COUNTY

c. CITY OR TOWN St. Louis.

Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 5336 Landsdowne

Reside on Farm Yes ☐ No ☒

## 3. NAME OF DECEASED

First LOUISE

Middle F.

Last RIESER

## 4. DATE OF DEATH

Month 11 - Day 18 - Year 1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

## 8. DATE OF BIRTH

12/23/1888

## 9. AGE (last birthday)

73

IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Press Operator

## 10b. KIND OF BUSINESS OR INDUSTRY

Box Co.

## 11. BIRTHPLACE (City and state or country)

Illinois.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Christ Ludwig

## 13b. MOTHER'S MAIDEN NAME

Caroline Hoppe

## 14. NAME OF HUSBAND OR WIFE

Divorced (Unknown)

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No. Nil.

## 16. SOCIAL SECURITY NO.

Nil.

## 17. INFORMANT

Raymond Rieser, 6926 Marquette

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

embolism of left lung

## INTERVAL BETWEEN ONSET AND DEATH

1 hr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

### DUE TO (b)

generalized arteriosclerosis

### DUE TO (c)

arteriosclerotic heart disease

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I.

cerebral arteriosclerosis, hemiplegia due to old CVA, carcinoma of cervix after post radiation treatment

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

420.0H

## 20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 6-8-1960 to 11-18-62 and last saw her alive on 11-18-62

Death occurred at 9:05 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22. SIGNATURE

Heiligtag Funeral Home

## Degree or title

M.D.

## 22b. ADDRESS

1300 Franklin St. St. Louis 19, Mo.

## 22c. DATE SIGNED

11-19-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

11-21-62

## 23c. NAME OF CEMETERY OR CREMATORY

Burgess Cemetery

## 23d. LOCATION (City, town, or county)

Antonia, Missouri.

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Heiligtag Funeral Home, Imperial, Mo.

## 25. DATE RECD. BY LOCAL REG.

11-20-62

## 26. REGISTRAR'S SIGNATURE

James Murphy M.D.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John J. Haines*

Licensed Embalmer No.

*4108*

P. O. Address

*St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.